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MITSERVICE

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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : MIT PRODUCTS AND SERVICE, INC.

Account Number : 070402002741

Phone : (305) 871-0008

Fax Number : (305) 871-0550

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

SERENITY HOME CARE, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF INCORPORATIONOFSERENITY HOME CARE, INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SERENITY HOME CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4907 N.W. 91ST TERRACE
SUNRISE, FLORIDA 33351

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 10000 SHARES, ONE DOLLAR PAR VALUE PER SHARE.

ARTICLE IV-PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which it already holds, shall have the right to purchase his pro rata share thereof, as nearly as may be done without issuance of fractional shares as the price at which it is offered to others.

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PREPARED BY: MIT PRODUCTS & SERVICE, INC.

6555 NW 36 ST. STE. 301
MIAMI, FL. 33166
Phone (305) 871-0008

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ARTICLE V-INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ARLENE MARIE MORRISON
4907 N.W. 91ST. TERRACE
SUNRISE, FLORIDA 33351

ARTICLE VIINITIAL BOARD OF DIRECTOR(S)

This corporation shall have (1) (one) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one. The name(s) and address(es) of the initial director(s) on this corporation is (are):

ARLENE MARIE MORRISON
4907 N.W. 91ST. TERRACE
SUNRISE, FLORIDA 33351

ARTICLE VIIOFFICER(S) AND SUBSCRIBER(S)

The officer(s) and subscriber(s) of this corporation is as follow:

ARLENE MARIE MORRISON	PRESIDENT/SECRETARY	500 SHARES
	TREASURER/DIRECTOR	

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ARTICLE VIII

INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

ARLENE MARIE MORRISON
4907 N.W. 91ST. TERRACE
SUNRISE, FLORIDA 33351

The undersigned has (have) executed these Articles of Incorporation this 06TH Day of OCTOBER, 1998


ARLENE MARIE MORRISON/INCORPORATOR
Signature/ Title

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: SERENITY HOME CARE, INC.

The name and address of the registered agent and office is:

ARLENE MARIE MORRISON

(NAME)

4907 N.W. 91ST. TERRACE

(ADDRESS)

SUNRISE, FLORIDA 33351

(CITY/STATE/ZIP)

SIGNATURE

Arlene Morrison

TITLE

President

DATE October 06, 1998

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Arlene Morrison

DATE October 06, 1998

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